## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further eindicated unless correcte maintenance fee notificat	correspondence including dependence of delow or directed others.	ng the Patent, advance of nerwise in Block 1, by (	orders and notification (a) specifying a new of							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
24737 7590 08/28/2006							e of Mailing or Trans	niccion		
PHILIPS INTE P.O. BOX 3001 BRIARCLIFF M	NDARDS	I her State addre trans	eby certify that the s Postal Service we essed to the Mail mitted to the USP	is Fee(stith suf Stop TO (57	s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the d	deposited with telass mail in ar above, or being te indicated belo	he United renvelope facsimile ow.			
								(Depo	sitor's name)	
		(Signature)								
						-			(Date)	
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/501,427 07/13/2004		Johannes Hubertus Antoni		s Brekelmans		NL 020021		9429		
FITLE OF INVENTION:	: DIFFERENTAL INVE	RTER CIRCUIT								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE D	UE	
nonprovisional	NO	\$1400	\$300		\$0	\$1700		11/28/2006		
EXAMINER		ART UNIT	CLASS-SUBCLAS	s						
HILTUNEN, THOMAS J		2816	327-067000							
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
		A TO BE PRINTED ON								
		ified below, no assignee pletion of this form is NC						ocument has bee	n filed for	
(A) NAME OF ASSIC	(B) RESIDENCE: (CITY and STATE OR COUNTRY)  EINDHOVEN, THE NETHERLANDS									
KONINKLIJKE						_				
Please check the appropri	ate assignee category or	categories (will not be p	orinted on the patent):		Individual 🖾 Co	rporati	ion or other private gro	up entity Go	vernment	
4a. The following fee(s) a  Issue Fee  Publication Fee (N  Advance Order - #	<ul> <li>ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).</li> </ul>									
5. Change in Entity Stat	tus (from status indicated	d above)		-	<del></del>		· · · · · · · · · · · · · · · · · · ·			
	s SMALL ENTITY statu		<u>' ' ' </u>		<u> </u>		TITY status. See 37 Cl			
NOTE: The Issue Fee and nterest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accept tes Patent and Trademar	ed from anyone other t k Office.	than th	ne applicant; a regi	stered	attomey or agent; or th	e assignee or oth	er party in	
Authorized Signature	Date September 8, 2006									
Typed or printed name		Registration No. 50, 418								
This collection of information application. Confident submitting the completed his form and/or suggestion.	ation is required by 37 Ciality is governed by 35 I application form to the ons for reducing this but	CFR 1.311. The informat U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to the	ion is required to obtain 1.14. This collection by depending upon the he Chief Information (COMPLETED FOR	in or re is esti indivi	etain a benefit by t mated to take 12 r idual case. Any co r, U.S. Patent and	he pub minutes mment Traden	lic which is to file (and s to complete, including ts on the amount of time nark Office, U.S. Depr	by the USPTO to g gathering, prepone you require to former to former for Patents.	o process) aring, and complete terce, P.O.	

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.